SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

P94000069024 (5)

FILED Oct 07 1998 8:00am Secretary of State

Principal Place of Business Mailing Address	
Principal Place of Business Mailing Address	BIARU (BIII BBIID (IBII BIBI (BB)
14013 BARCELONIA AVE 14013 BARCELONIA AVE	
FT MYERS FL 33905 FT MYERS FL 33905	
DO NOT WRITE IN THIS	SPACE
3. Date Incorporated or Qualified	
09/16/1994	
2. Principal Place of Business 2a, Mailing Address 4. FEI Number	Applied For
26 65-0523435	Not Applicable
Suite, Apt. #, etc. Sulte, Apt. #, etc. 5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 27	
City & State City & State 6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country Zip Country 8. This corporation owes or has paid the cut	
h	Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered	
04 N	
LONG, JAMES R	
14013 BARCELONIA AVE 82 Street Address (P.O. Box Number is Not Acceptable)	}
FT MYER\$ FL 33905	
84 City FL	85 Zip Code
11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of change or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appoint agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE	anging its registered ntment as registered
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aignature required when reinstating) DATE	· · · · · · · · · · · · · · · · · · ·
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13.	
TITLE P DELETE 1.1 TITLE	Change Addition
NAME LONG, JAMES R	
STREET ADDRESS 14013 BARCELONIA AVE 13 STREET ADDRESS	
CITY-ST-ZIP FT MYERS FL 1.4 CITY-ST-ZIP	
TITLE DELETE 2.1 TITLE	Change Addition
NAME 2.2 NAME	
STREET ADDRESS 23 STREET ADDRESS	
CITY.ST-ZIP 2.4 CITY.ST-ZIP	_
TITLE DELETE 3.1 TITLE	L Change L Addition
NAME 3.2 NAME	•
STREET ADDRESS 3.3 STREET ADDRESS	
CITY-ST-ZIP 3.4 CITY-ST-ZIP	_
TITLE DELETE 4.1 TITLE	Change Addition
NAME 4.2 NAME	ļ
STREET ADDRESS 4.3 STREET ADDRESS	
CITY-ST-ZIP 4.4 CITY-SY-ZIP	
TITLE DELETE 5.1 TITLE	Change Addition
NAME 5.2 NAME	}
STREET ADDRESS 5.3 STREET ADDRESS	
CITY-ST-ZIP 54 CITY-ST-ZIP	
TITLE DELETE 6.1 TITLE	Change Addition
TITLE DELETE 6.1 TITLE NAME 62 NAME	Change Addition
TITLE DELETE 6.1 TITLE	Change Addition

Indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: